

MAC-2A-23

Rev. 1/05

## FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE CASE OF US v.s. Michael PINA FOR

LOCATION NUMBER

AT

PERSON REPRESENTED (Show your full name)

- 1 ☐ Defendant—Adult  
 2 ☐ Defendant - Juvenile  
 3 ☐ Appellant  
 4 ☐ Probation Violator  
 5 ☐ Parole Violator  
 6 ☐ Habeas Petitioner  
 7 ☐ 2255 Petitioner  
 8 ☐ Material Witness  
 9 ☐ Other

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable &amp; check box →)

- ☐ Felony  
☐ Misdemeanor

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed
		Name and address of employer: _____
		IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____
		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	RECEIVED	SOURCES
CASH	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____	
	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____	
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	VALUE	DESCRIPTION
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	_____

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
		<input checked="" type="checkbox"/> SINGLE		_____	
		<input type="checkbox"/> MARRIED		_____	
		<input type="checkbox"/> WIDOWED		_____	
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)		APARTMENT OR HOME:	Creditors	Total Debt	Monthly Payment
		_____	_____	\$ - 0 -	\$ - 0 -
		_____	_____	\$ _____	\$ _____
		_____	_____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)Michael Pina